Z-1 MH2 bbb cc

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Jefferson | Fraction: ~~SW~~ ¼ ~~SW~~ ¼ ~~SW~~ ¼ | Section Number: ~~32~~ 5 | Township Number: T 9 10 S | Range Number: R 19 E W

Distance and direction from nearest town or city? .5 W of Oskaloosa

Street address of well if located within city?

2 WATER WELL OWNER: Dave Jones
RR#, St. Address, Box # : RT. 2
City, State, ZIP Code : Oskaloosa, Kansas 66066

Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL 80 ft. Bore Hole Diameter 8 in. to 80 ft., and ..... in. to ..... ft.

Well Water to be used as: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

Well's static water level 15 ft. below land surface measured on August month 4 day 1980 year

Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield 1½ gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

Casing Joints: Glued L Clamped ..... Welded ..... Threaded .....

Blank casing dia 5 in. to 0-15 ft., Dia 5 in. to 25-80 ft., Dia ..... in. to ..... ft.
Casing height above land surface 24 in., weight 2.54 lbs./ft. Wall thickness or gauge No .256

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

Screen-Perforation Dia 5 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.
Screen-Perforated Intervals: From 15 ft. to 25 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
Gravel Pack Intervals: From 10 ft. to 80 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

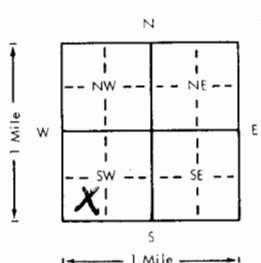
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....
Grouted Intervals: From 0 ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well NE How many feet 190 ? Water Well Disinfected? Yes L No .....
Was a chemical/bacteriological sample submitted to Department? Yes ..... No L ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes L ..... No .....
If Yes: Pump Manufacturer's name Jacuzzi Model No 554 B 52 HP 1½ Volts 230
Depth of Pump Intake ..... ft. Pumps Capacity rated at 10 ..... gal./min.
Type of pump: (1 Submersible) 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on August month 13 day 1980 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182
This Water Well Record was completed on August month 21 day 1980 year under the business name of Strader Drlg Co Inc. by (signature) Dale Asbrun

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



ELEVATION: 996 MH2

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Top Soil			
5	17	Clay, brown			
17	19	Limestone yellow, water bearing			
19	28	Shale, grey			
28	51	Limestone grey			
51	80	Shale grey			

Depth(s) Groundwater Encountered 1. 19 ft. 2. ..... ft. 3. ..... ft. 4. ..... ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, *please press firmly* and *PRINT* clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 9 R 19 E W SEC. 32 SW ¼ SW ¼ SW ¼